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CONFIRMATION NO. 1254

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10/805,766		132	3732	BERGO.008A

APPLICANTS

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** CONTINUING DATA ****

This appln claims benefit of 60/456,976 03/20/2003

** FOREIGN APPLICATIONS ****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **

06/07/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance /RAR/ Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CA	18	30	6

ADDRESS

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TITLE

Hand held flossing device

FILING FEE RECEIVED 669	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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